

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001033

STATE FILE NUMBER

AMENDED

Registration District No. 128Primary Registration District No. 2000Registrar's No. 99A

LED VS FEB 14 1961

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

SPRINGFIELD

Length of stay in 1b

3 mos.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY

Bates

c. CITY
OR
TOWN

RICH HILL

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

COE

SNYDER

4. DATE
OF
DEATH

Month

Day

Year

JANUARY

25

1961

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

19-9-1878

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

DOMESTIC

11. BIRTHPLACE (City and state or country)

TRENTON, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

JAS. LOGAN SIGMAN

13b. MOTHER'S MAIDEN NAME

SARAH REED

14. NAME OF HUSBAND OR WIFE

ROB'T. L. Snyder - dec'd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Address

Mrs. John Henslee, Highlandville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Atherosclerosis - thrombosed

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ N- ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 3, 1960 to Jan 25, 1961 and last saw her alive on 1/24/61Death occurred at 1:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

XXXXXX Cremat. 1-27-61

23b. DATE

1-27-61

23c. NAME OF CEMETERY OR CREMATORY

ELMWOOD CREMATORY

23d. LOCATION (City, town, or county)

KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR

Address

GEO.C.CARSON & SONS, INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG.

2-10-61

26. REGISTRAR'S SIGNATURE

Offie B. Merton

VS FEB 14 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gene B. Acosta

Licensed Embalmer No. 4739

P. O. Address Spfld. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.